

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty LCM-604-707
Dkt.

VEECH, Richard L.

C# M#

Serial No. 10/763,393

TC/A.U.

1609

Filed: January 26, 2004

Examiner: Thomas, Timothy P.

Date: May 9, 2007

Title: THERAPEUTIC COMPOSITIONS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	2	minus highest number			
previously paid for	31	(at least 20) =	0	x \$50.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment	1	minus highest number			
previously paid for	11	(at least 3) =	0	x \$200.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add					
					\$360.00 (1203)/\$180.00 (2203) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this					
paper and attachment(s)					
					One Month Extension \$120.00 (1251)/\$60.00 (2251)
					Two Month Extensions \$450.00 (1252)/\$225.00 (2252)
					Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)
					Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)
					Five Month Extensions \$2160.00 (1255)/\$1080.00 (2255) \$ 1590.00

Terminal disclaimer enclosed, add					\$130.00 (1814)/ \$65.00 (2814) \$ 0.00
-----------------------------------	--	--	--	--	---

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee					\$180.00 (1806) \$ 0.00
---	--	--	--	--	-------------------------

Assignment Recording Fee					\$40.00 (8021) \$ 0.00
--------------------------	--	--	--	--	------------------------

Other:					\$ 0.00
--------	--	--	--	--	---------

TOTAL FEE \$ 1590.00☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
LCM:lffNIXON & VANDERHYE P.C.
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: _____

The PTO did not receive the following
listed item(s) A credit card form
for \$ 1590.00